

CHAPTER 13 — ANNUAL RENEWAL CENSUS

1300 Annual Renewal Census – Local Government Employers

1301 Annual Renewal Census – State Employers

1300 Annual Renewal Census - Local Government Employers

A. General Information

The annual renewal census process provides employers with updated coverage and premium information for each insured employee. It also offers employers an opportunity to correct any errors or oversights in the employee's life insurance coverage information. To permit accurate billing, the Renewal Census forms must be reviewed and any corrections returned to MLIC by the deadline indicated in each year's Renewal Census packet of information.

B. Steps in the process are:

January – As part of the annual WRS reconciliation process, the employer provides the preceding years WRS earnings to ETF. An employee's coverage amount is based on these reported earnings.

NOTE: The coverage amount for those participants who have not been enrolled in WRS for a full calendar year, will be based on an estimated figure, provided to MLIC at the time of enrollment.

March – ETF provides MLIC with a report of earnings for each participant.

April – MLIC sends a *Renewal Census* to employers for verification of participant information.

May – *Annual Renewal Census Report Adjustments Form* is due back to MLIC for updating the July billing. The employer will note any necessary adjustments or corrections on the Renewal Census Adjustment form, or indicate that all the information is correct. (See a sample of the *Renewal Census Update* in Subchapter 1300 D and a sample of the *Annual Renewal Census Report Adjustments Form* in Subchapter 1300 E.)

C. Questions

Direct questions regarding the *Renewal Census Update* or *Adjustments Form* to MLIC at (608) 277-8690 or write to MLIC at PO BOX 259708, MADISON, WI 53725-9708.

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D. *Renewal Census Update* (4 Pages)

MINNESOTA LIFE

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RENEWAL CENSUS UPDATE
INFORMATION FOR CONTRIBUTING EMPLOYEES
I N S U R A N C E F O R 2 0 0 1

POLICY NO. 2832L-G
UNIT NO. 535301

EMMA JONES, BUSINESS MANAGER
TEST CASE SCHOOL DISTRICT
P. O. BOX 78
SUNDOWN, WI 55555-0078

F. 41654 Rev. 10-1988

MINNESOTA LIFE

P.O. Box 253708 • Madison, WI 53725-9708

RENEWAL CENSUS UPDATE INFORMATION FOR CONTRIBUTING EMPLOYEES

POLICY NO. 2832L-G
UNIT NO. 535301

I N S U R A N C E F O R 2 0 0 1

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SS#	EMPLOYEE NAME	BIRTHDATE	2000 EARNINGS	BASIC AMT INS.	BASIC PREM	GROSS		ADDL PREM	SP/DEP PREM	TOTAL PREM
						PREM	SUPPL PREM			
999999999	FIRST, MI, LAST NAME	02 08 1971	31,577	32,000	1.60					1.60
999999999	FIRST, MI, LAST NAME	02 07 1959	33,187	34,000	3.40				4.00	7.40
999999999	FIRST, MI, LAST NAME	04 28 1954	38,832	39,000	6.24				4.00	10.24
999999999	FIRST, MI, LAST NAME	08 29 1949	54,155	55,000	16.50*				4.00	20.50
999999999	FIRST, MI, LAST NAME	08 17 1952	40,150	41,000	6.56				2.00	8.56
999999999	FIRST, MI, LAST NAME	05 07 1954	35,453	36,000	5.76				4.00	9.76
999999999	FIRST, MI, LAST NAME	10 13 1953	40,471	41,000	6.56					6.56
999999999	FIRST, MI, LAST NAME	11 23 1952	10,250	11,000	1.76				2.00	3.76
999999999	FIRST, MI, LAST NAME	10 23 1949	20,560	21,000	6.30*				4.00	10.30
999999999	FIRST, MI, LAST NAME	08 24 1959	40,452	41,000	4.10*				4.00	8.10
999999999	FIRST, MI, LAST NAME	03 04 1965	30,591 E	31,000	2.17*					2.17
999999999	FIRST, MI, LAST NAME	12 29 1949	7,454 E	8,000	2.40*				4.00	6.40
999999999	FIRST, MI, LAST NAME	06 23 1952	72,000 E	72,000	11.52				4.00	15.52
999999999	FIRST, MI, LAST NAME	04 22 1949	41,447	42,000	12.60				4.00	16.60
999999999	FIRST, MI, LAST NAME	09 06 1950	42,283	43,000	6.88				4.00	10.88
999999999	FIRST, MI, LAST NAME	08 04 1971	28,198	29,000	1.45					1.45
999999999	FIRST, MI, LAST NAME	10 15 1955	39,124	40,000	4.00					4.00
999999999	FIRST, MI, LAST NAME	07 02 1953	30,591 E	31,000	4.96					4.96
999999999	FIRST, MI, LAST NAME	03 18 1931	34,222	35,000	21.00				2.00	23.00
999999999	FIRST, MI, LAST NAME	06 28 1959	37,903	38,000	3.80					3.80
999999999	FIRST, MI, LAST NAME	11 17 1974	26,354	27,000	1.35					1.35
999999999	FIRST, MI, LAST NAME	08 29 1956	21,413	22,000	2.20				4.00	6.20
999999999	FIRST, MI, LAST NAME	07 26 1937	7,437	8,000	4.24				4.00	8.24
999999999	FIRST, MI, LAST NAME	10 31 1958	8,807	9,000	.90					.90
999999999	FIRST, MI, LAST NAME	09 28 1948	41,118	42,000	12.60				4.00	16.60
999999999	FIRST, MI, LAST NAME	11 21 1941	39,411	40,000	19.20				4.00	23.20
999999999	FIRST, MI, LAST NAME	08 25 1961	35,695	36,000	2.52				4.00	6.52
999999999	FIRST, MI, LAST NAME	05 26 1964	35,419	36,000	2.52				4.00	6.52
999999999	FIRST, MI, LAST NAME	09 30 1951	29,641 E	30,000	4.80				4.00	8.80
999999999	FIRST, MI, LAST NAME	09 05 1941	39,936	40,000	19.20					19.20
999999999	FIRST, MI, LAST NAME	05 01 1959	39,737	40,000	4.00				4.00	8.00
999999999	FIRST, MI, LAST NAME	07 30 1940	39,857	40,000	19.20					19.20
999999999	FIRST, MI, LAST NAME	09 03 1961	20,991	24,000 H	1.68				4.00	5.68

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RENEWAL CENSUS UPDATE
INFORMATION FOR CONTRIBUTING EMPLOYEES

POLICY NO. 2832L-G
UNIT NO. 535301

I N S U R A N C E F O R 2 0 0 1 PAGE 2

UNIT TOTALS:

EARNINGS 1,094,716
BASIC AMT INS 1,114,000
BASIC PREM 223.97
SP/DEP PREM 82.00
#LIVES 33

AN "E" IS SHOWN WHEN EARNED INCOME IS ESTIMATED.
AN "*" INDICATES A RATE CHANGE DUE TO A DIFFERENT AGE BRACKET.
AN "R" INDICATES EARNINGS WERE REDUCED FROM THE PREVIOUS YEAR'S.
AN "H" INDICATES THAT THE PREVIOUS YEAR'S EARNINGS WERE USED TO PROVIDE HIGHER COVERAGE.

* IF YOU HAVE ANY QUESTIONS *
* PLEASE CONTACT *
* *
* THE MINNESOTA LIFE *
* INSURANCE COMPANY *
* P. O. BOX 1439 *
* MADISON WISCONSIN 53701-1439 *
* PHONE # (608) 277-8690 *
* FAX # (608) 277-8665 *

EMMA JONES, BUSINESS MANAGER
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P. O. BOX 78
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**RENEWAL CENSUS UPDATE
INFORMATION FOR CONTRIBUTING EMPLOYEES**

POLICY NO. 2832L-G
UNIT NO.

I N S U R A N C E F O R 2 0 0 1 PAGE 1

FINAL (PRINTED) TOTALS:
EARNINGS 1,094,716
BASIC AMT INS 1,114,000
BASIC PREM 223.97
SUPPL PREM .00
ADDL PREM .00
SP/DEP PREM 82.00
#LIVES 33

E. *Annual Renewal Census Report Adjustments Form*

**ANNUAL RENEWAL CENSUS REPORT
ADJUSTMENTS FORM**

PLEASE RETURN THIS FORM BY MAY 17, 2001 TO THE FOLLOWING ADDRESS:

Minnesota Life Insurance
Annual Renewal Census
P.O. Box 259708
Madison, WI 53725-9708
Phone # (608) 277-8690/ Fax # (608) 266-8665

CHECK ONE:

- ☐ The Annual Renewal Census Final Report is correct and there are no adjustments.
☐ The Annual Renewal Census Final Report needs to be adjusted as given below.

Employer Name: _____ ETF Code #: _____ Unit #: _____
Print Name: _____ Title: _____
Signature: _____ Date: _____

Part A: List all employees who were on unpaid leave of absence for 3 months or more in 2000 and/or 2001. If the employee has returned from a 3 month or more leave of absence be sure to enter the date they returned and their estimated 2001 earnings.

Name	Social Security #	Date Employee Went on Unpd Leave	Date Employee Returned	Estimated Annual Salary
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Part B: List employees who should no longer be on billing, due to termination, retirement, cancellation of coverage, etc. (Also, delete employees on the next insurance billing.)

WE WILL NOT DELETE EMPLOYEES FROM THE RENEWAL CENSUS!

Name	Social Security #	Reason for Deletion	Date of Deletion
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Part C: List all employees who have Life Insurance coverage but who are not on Renewal Census. (Also, add employees on the next insurance billing.)

WE WILL NOT ADD EMPLOYEES FROM THE RENEWAL CENSUS!

Name	Social Security #	Date of Addition
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Part D: List all miscellaneous corrections:

Name	Social Security #	Correction
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1301 Annual Renewal Census – State Employers

A. General Information

The annual renewal census process provides MLIC with updated life insurance information for each insured State employee who is on MLIC's database. MLIC updates the database with information about participating employees from a tape transmission from payroll processing centers and the manual worksheets provided by each agency. No reports are sent to the agencies following this update. The monthly premium reconciliation for March coverage will use the updated coverage amounts and premiums calculated during the annual renewal census.

B. Steps in the process are:

January – The payroll processing centers send MLIC an electronic listing of insured employees, the employees' previous year's WRS earnings, the coverage amount for each type of insurance each employee has, and the employee and employer premium amounts.

Each agency completes a *Leave of Absence Adjustments* worksheet and a *Coordination of Earnings* worksheet to assure that the proper coverage amount is calculated for every employee. These worksheets supply MLIC with information about employees who were on a leave of absence for three or more months during the prior calendar year, and for employees who transferred from a state agency that uses a different payroll system.

February – March coverage month exception reports are sent to state agencies by MLIC showing any discrepancies between MLIC's records and the employer's records.

C. *Leave of Absence Adjustments* Worksheet Instructions

Complete the *Leave of Absence Adjustments* worksheet for each employee who was on a leave of absence from the agency during the prior year. (See the sample in Subchapter 1301 E.)

1. Enter the Agency Name and EIN number in the spaces provided.
2. Enter the employee's Social Security Number, name, date of birth, date leave began and the date the leave ended.
3. Enter the employee's estimated earnings for the current year. (This is necessary only if the coverage will be based on an estimate.)
4. Enter the amount of coverage that will be in effect for the current year and indicate if the coverage is based on the amount that the employee currently has (CC), or the prior year's earnings amount (PR), or the estimated earnings for the current year (EE). Use the following guidelines for a leave of absence that is less than three months and for a leave of absence that is three months or more:

Leave of Absence – less than three months

- 1) If the employee was employed for the full prior calendar year and was on leave of absence for less than three months of that year, the amount of coverage on January 1 will be the higher of either the actual WRS earnings or the current coverage amount, if that coverage amount is based on actual earnings from a previous year.
- 2) If the prior year's coverage amount was based on an estimate, the new coverage amount should reflect the actual prior year WRS earnings, even if that amount is lower. An estimate may not be used as a basis for the higher amount of insurance.
- 3) The employee may choose to reduce the coverage amount based on reduced earnings if an *Election to Reduce Amount of Life Insurance* (ET-2309) is filed. Refer to Subchapters 804 and 805 for instructions.

Leave of Absence – three months or more

- 1) If coverage lapsed during leave, the coverage amount when an employee returns to work will be based on the employee's previous year's WRS earnings. However, if the employee was not covered under the WRS for the full previous year with that employer, or was on unpaid leave or layoff for three or more months during the previous year, coverage will be based on the employee's estimated earnings for the next 12 months.

The coverage amount on January 1 will be one of the following:

- If the employee's current coverage amount is based on actual WRS earnings, the amount of coverage on January 1 will be the higher of:
The employee's actual prior year WRS earnings, or
The employee's current coverage amount.
 - If the employee's current coverage amount is based on estimated WRS earnings, the coverage will remain the same. Coverage will not change until the employee has been employed for a full calendar year.
- 2) If coverage did not lapse during the leave, the coverage amount when the employee returns to work will be the same as it was when on leave. On January 1, the coverage amount will be based on the highest of:
 - the estimated employee's earnings for the next 12 months
or
 - the prior year's actual WRS earnings with that employer
or
 - the current coverage amount.

D. *Coordination of Earnings* Worksheet Instructions

Complete the *Coordination of Earnings* worksheet for each employee who during the prior year transferred to the agency from an agency that is on another payroll system. (See the sample worksheet found in Subchapter 1301 F.)

EXAMPLE: Report an employee who transferred from the UW to an agency that is on the Central Payroll System.

1. Enter the Agency Name and EIN number in the spaces provided.
2. Enter each transferred employee's Social Security Number, name, and date of birth.
3. Enter the amount of prior year WRS earnings that the employee earned from your agency only.
4. Indicate which agency the employee transferred from.

Leave of Absence Adjustments Renewal Census 2001

AGENCY NAME_ Dept of Corrections

ETF-EIN NUMBER 0001-176

[illegible]

CC-Current Coverage Amount
PPR-Prior Year's Earnings Amount
EE-Estimated Earnings for 2001

